

**BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation )  
Against: )

**Therese H. Yang, M.D.** )

File No. 10-2003-142063

Physician's and Surgeon's )  
Certificate No. G 64469 )

Respondent )  
\_\_\_\_\_ )

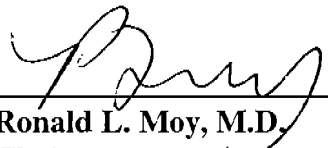
**DECISION**

The attached **Stipulated Settlement and Disciplinary Order** is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 2, 2005

IT IS SO ORDERED August 3, 2005.

MEDICAL BOARD OF CALIFORNIA

By:   
**Ronald L. Moy, M.D.**  
**Chair**  
Panel B  
Division of Medical Quality

1 BILL LOCKYER, Attorney General  
2 of the State of California  
3 RICHARD D. HENDLIN, State Bar No. 76742  
4 Deputy Attorney General  
5 California Department of Justice  
6 110 West "A" Street, Suite 1100  
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9 San Diego, CA 92186-5266  
10 Telephone: (619) 645-2071  
11 Facsimile: (619) 645-2061

12 Attorneys for Complainant

13 **BEFORE THE**  
14 **DIVISION OF MEDICAL QUALITY**  
15 **MEDICAL BOARD OF CALIFORNIA**  
16 **DEPARTMENT OF CONSUMER AFFAIRS**  
17 **STATE OF CALIFORNIA**

18 In the Matter of the Accusation Against:

Case No. 10-2003-142063

19 THERESE H. YANG, M.D.  
20 14634 Ranch Trail Drive  
21 El Cajon, CA 92021

22 **STIPULATED SETTLEMENT AND**  
23 **DISCIPLINARY ORDER**

24 Physician's and Surgeon's Certificate No.  
25 G64469

26 Respondent.

27 In the interest of a prompt and speedy settlement of this matter, consistent with the  
28 public interest and the responsibility of the Division of Medical Quality, Medical Board of  
California of the Department of Consumer Affairs, the parties hereby agree to the following  
Stipulated Settlement and Disciplinary Order which will be submitted to the Division for  
approval and adoption as the final disposition of the Accusation.

**PARTIES**

1. David T. Thornton (Complainant) is the Executive Director of the Medical  
Board of California. He brought this action solely in his official capacity and is represented in  
this matter by Bill Lockyer, Attorney General of the State of California, by Richard D. Hendlin,  
Deputy Attorney General.

2. Respondent Therese H. Yang, M.D. (Respondent) is represented in this proceeding by attorney Jonathan H. Rose, Esq., whose address is 3555 Fifth Avenue, Suite 100 San Diego, CA 92103.

3. On or about October 24, 1988, the Medical Board of California issued Physician's and Surgeon's Certificate No. G64469 to Therese H. Yang, M.D. The Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 10-2003-142063 and will expire on September 30, 2006, unless renewed.

## JURISDICTION

4. Accusation No. 10-2003-142063 was filed before the Division of Medical Quality (Division) for the Medical Board of California, Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 13, 2004. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 10-2003-142063 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 10-2003-142063. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 shall be inadmissible in any legal action between the parties, and the Division shall not be  
2 disqualified from further action by having considered this matter.

3 13. The parties understand and agree that facsimile copies of this Stipulated  
4 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same  
5 force and effect as the originals.

6 14. This Stipulated Settlement and Disciplinary Order is intended by the  
7 parties herein to be an integrated writing representing the complete, final and exclusive  
8 embodiment of the agreements of the parties.

9 15. In consideration of the foregoing admissions and stipulations, the parties  
10 agree that the Division may, without further notice or formal proceeding, issue and enter the  
11 following Disciplinary Order:

12 **DISCIPLINARY ORDER**

13 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No.  
14 G64469 issued to Respondent Therese H. Yang, M.D., is revoked. However, the revocation is  
15 stayed and Respondent is placed on probation for five (5) years on the following terms and  
16 conditions.

17 1. **PRESCRIBING PRACTICES COURSE** Within 60 calendar days of the  
18 effective date of this Decision, Respondent shall enroll in a course in prescribing practices, at  
19 Respondent's expense, approved in advance by the Division or its designee. Failure to  
20 successfully complete the course during the first 6 months of probation is a violation of  
21 probation.

22 A prescribing practices course taken after the acts that gave rise to the charges in  
23 the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the  
24 Division or its designee, be accepted towards the fulfillment of this condition if the course would  
25 have been approved by the Division or its designee had the course been taken after the effective  
26 date of this Decision.

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1           Respondent shall submit a certification of successful completion to the Division  
2 or its designee not later than 15 calendar days after successfully completing the course, or not  
3 later than 15 calendar days after the effective date of the Decision, whichever is later.

4           2.     MEDICAL RECORD KEEPING COURSE Within 60 calendar days of  
5 the effective date of this decision, Respondent shall enroll in a course in medical record keeping,  
6 at Respondent's expense, approved in advance by the Division or its designee. Failure to  
7 successfully complete the course during the first 6 months of probation is a violation of  
8 probation.

9           A medical record keeping course taken after the acts that gave rise to the charges  
10 in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the  
11 Division or its designee, be accepted towards the fulfillment of this condition if the course would  
12 have been approved by the Division or its designee had the course been taken after the effective  
13 date of this Decision.

14           Respondent shall submit a certification of successful completion to the Division  
15 or its designee not later than 15 calendar days after successfully completing the course, or not  
16 later than 15 calendar days after the effective date of the Decision, whichever is later.

17           3.     CLINICAL TRAINING PROGRAM Within 60 calendar days of the  
18 effective date of this Decision, Respondent shall enroll in a clinical training or educational  
19 program equivalent to the Physician Assessment and Clinical Education Program (PACE)  
20 offered at the University of California - San Diego School of Medicine ("Program").

21           The Program shall consist of a Comprehensive Assessment program comprised of  
22 a two-day assessment of Respondent's physical and mental health; basic clinical and  
23 communication skills common to all clinicians; and medical knowledge, skill and judgment  
24 pertaining to Respondent's specialty or sub-specialty, and at minimum, a 40 hour program of  
25 clinical education in the area of practice in which Respondent was alleged to be deficient and  
26 which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any  
27 other information that the Division or its designee deems relevant. Respondent shall pay all  
28 expenses associated with the clinical training program.

1 Based on Respondent's performance and test results in the assessment and clinical  
2 education, the Program will advise the Division or its designee of its recommendation(s) for the  
3 scope and length of any additional educational or clinical training, treatment for any medical  
4 condition, treatment for any psychological condition, or anything else affecting Respondent's  
5 practice of medicine. Respondent shall comply with Program recommendations.

6 At the completion of any additional educational or clinical training, Respondent  
7 shall submit to and pass an examination. The Program's determination whether or not  
8 Respondent passed the examination or successfully completed the Program shall be binding.

9 Respondent shall complete the Program not later than six months after  
10 Respondent's initial enrollment unless the Division or its designee agrees in writing to a later  
11 time for completion.

12 Failure to participate in and complete successfully all phases of the clinical  
13 training program outlined above is a violation of probation.

14 If Respondent fails to complete the clinical training program within the designated  
15 time period, Respondent shall cease the practice of medicine within 72 hours after being notified  
16 by the Division or its designee that Respondent failed to complete the clinical training program.

17 4. MONITORING - PRACTICE Within 30 calendar days of the effective  
18 date of this Decision, Respondent shall submit to the Division or its designee for prior approval  
19 as a practice monitor, the name and qualifications of one or more licensed physicians and  
20 surgeons whose licenses are valid and in good standing, and who are preferably American Board  
21 of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or  
22 personal relationship with Respondent, or other relationship that could reasonably be expected to  
23 compromise the ability of the monitor to render fair and unbiased reports to the Division,  
24 including, but not limited to, any form of bartering, shall be in Respondent's field of practice,  
25 and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

26 The Division or its designee shall provide the approved monitor with copies of the  
27 Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of  
28 the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed

1 statement that the monitor has read the Decision and Accusation, fully understands the role of a  
2 monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
3 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
4 signed statement.

5           Within 60 calendar days of the effective date of this Decision, and continuing for  
6 the first three years of probation, Respondent's practice shall be monitored by the approved  
7 monitor. Respondent shall make all records available for immediate inspection and copying on  
8 the premises by the monitor at all times during business hours, and shall retain the records for the  
9 entire term of probation.

10           The monitor shall submit a quarterly written report to the Division or its designee  
11 which includes an evaluation of Respondent's performance, indicating whether Respondent's  
12 practices are within the standards of practice of medicine or billing, or both, and whether  
13 Respondent is practicing medicine safely, billing appropriately or both.

14           It shall be the sole responsibility of Respondent to ensure that the monitor submits  
15 the quarterly written reports to the Division or its designee within 10 calendar days after the end  
16 of the preceding quarter.

17           If the monitor resigns or is no longer available, Respondent shall, within 5  
18 calendar days of such resignation or unavailability, submit to the Division or its designee, for  
19 prior approval, the name and qualifications of a replacement monitor who will be assuming that  
20 responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement  
21 monitor within 60 days of the resignation or unavailability of the monitor, Respondent shall be  
22 suspended from the practice of medicine until a replacement monitor is approved and prepared to  
23 assume immediate monitoring responsibility. Respondent shall cease the practice of medicine  
24 within 3 calendar days after being so notified by the Division or designee.

25           In lieu of a monitor, Respondent may participate in a professional enhancement  
26 program equivalent to the one offered by the Physician Assessment and Clinical Education  
27 Program at the University of California, San Diego School of Medicine, that includes, at  
28 minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of



1 professional growth and education. Respondent shall participate in the professional enhancement  
2 program at Respondent's expense during the term of probation.

3 Failure to maintain all records, or to make all appropriate records available for  
4 immediate inspection and copying on the premises, or to comply with this condition as outlined  
5 above is a violation of probation.

6 5. NOTIFICATION Prior to engaging in the practice of medicine, the  
7 Respondent shall provide a true copy of the Decision and Accusation to the Chief of Staff or the  
8 Chief Executive Officer at every hospital where privileges or membership are extended to  
9 Respondent, at any other facility where Respondent engages in the practice of medicine,  
10 including all physician and locum tenens registries or other similar agencies, and to the Chief  
11 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
12 Respondent. Respondent shall submit proof of compliance to the Division or its designee within  
13 15 calendar days.

14 This condition shall apply to any change(s) in hospitals, other facilities or  
15 insurance carrier.

16 6. SUPERVISION OF PHYSICIAN ASSISTANTS During probation,  
17 Respondent is prohibited from supervising physician assistants.

18 7. OBEY ALL LAWS Respondent shall obey all federal, state and local  
19 laws, all rules governing the practice of medicine in California, and remain in full compliance  
20 with any court ordered criminal probation, payments and other orders.

21 8. QUARTERLY DECLARATIONS Respondent shall submit quarterly  
22 declarations under penalty of perjury on forms provided by the Division, stating whether there  
23 has been compliance with all the conditions of probation. Respondent shall submit quarterly  
24 declarations not later than 10 calendar days after the end of the preceding quarter.

25 9. PROBATION UNIT COMPLIANCE Respondent shall comply with the  
26 Division's probation unit. Respondent shall, at all times, keep the Division informed of  
27 Respondent's business and residence addresses. Changes of such addresses shall be immediately  
28 communicated in writing to the Division or its designee. Under no circumstances shall a post

1 office box serve as an address of record, except as allowed by Business and Professions Code  
2 section 2021(b).

3 Respondent shall not engage in the practice of medicine in Respondent's place of  
4 residence. Respondent shall maintain a current and renewed California physician's and  
5 surgeon's license.

6 Respondent shall immediately inform the Division, or its designee, in writing, of  
7 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last,  
8 more than 30 calendar days.

9 10. INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE Respondent  
10 shall be available in person for interviews either at Respondent's place of business or at the  
11 probation unit office, with the Division or its designee, upon request at various intervals, and  
12 either with or without prior notice throughout the term of probation.

13 11. RESIDING OR PRACTICING OUT-OF-STATE In the event  
14 Respondent should leave the State of California to reside or to practice, Respondent shall notify  
15 the Division or its designee in writing 30 calendar days prior to the dates of departure and return.  
16 Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is  
17 not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions  
18 Code.

19 All time spent in an intensive training program outside the State of California  
20 which has been approved by the Division or its designee shall be considered as time spent in the  
21 practice of medicine within the State. A Board-ordered suspension of practice shall not be  
22 considered as a period of non-practice. Periods of temporary or permanent residence or practice  
23 outside California will not apply to the reduction of the probationary term. Periods of temporary  
24 or permanent residence or practice outside California will relieve Respondent of the  
25 responsibility to comply with the probationary terms and conditions with the exception of this  
26 condition and the following terms and conditions of probation: Obey All Laws and Probation  
27 Unit Compliance.

28 ///

Respondent's license shall be automatically cancelled if Respondent's periods of temporary or permanent residence or practice outside California total two years. However, Respondent's license shall not be cancelled as long as Respondent is residing and practicing medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

12. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

In the event Respondent resides in the State of California and for any reason Respondent stops practicing medicine in California, Respondent shall notify the Division or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve Respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Division or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Respondent's license shall be automatically cancelled if Respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code sections 2051 and 2052.

13. COMPLETION OF PROBATION Upon successful completion of probation, Respondent's certificate shall be fully restored.

14. VIOLATION OF PROBATION Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Division, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to

06/07/2005

16:33

Dept. of Justice - 96920822

NO.484 0012

1 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,  
2 the Division shall have continuing jurisdiction until the matter is final, and the period of  
3 probation shall be extended until the matter is final.

4 15. LICENSE SURRENDER Following the effective date of this Decision, if  
5 Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy  
6 the terms and conditions of probation, Respondent may request the voluntary surrender of  
7 Respondent's license. The Division reserves the right to evaluate Respondent's request and to  
8 exercise its discretion whether or not to grant the request, or to take any other action deemed  
9 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,  
10 Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the  
11 Division or its designee and Respondent shall no longer practice medicine. Respondent will no  
12 longer be subject to the terms and conditions of probation and the surrender of Respondent's  
13 license shall be deemed disciplinary action. If Respondent re-applies for a medical license, the  
14 application shall be treated as a petition for reinstatement of a revoked certificate.

15 ACCEPTANCE

16 I have carefully read the above Stipulated Settlement and Disciplinary Order and  
17 have fully discussed it with my attorney, Jonathan H. Rose, Esq. I understand the stipulation and  
18 the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated  
19 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
20 bound by the Decision and Order of the Division of Medical Quality, Medical Board of  
21 California.

22 DATED: 6-7-05

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Therese H. Yang, M.D.  
Respondent

06/07/2005

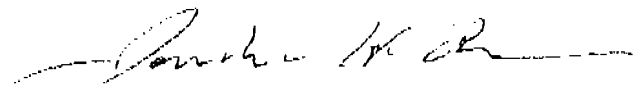
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Dept. of Justice -&gt; 96920822

NO.484 0013

1 I have read and fully discussed with Respondent Therese H. Yang, M.D. the terms  
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
3 Order. I approve its form and content.

4 DATED: June 7, 2005

5  
6   
7 JONATHAN H. ROSE, ESQ.  
8 Attorney for Respondent

9 **ENDORSEMENT**

10 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
11 submitted for consideration by the Division of Medical Quality, Medical Board of California of  
12 the Department of Consumer Affairs.

13  
14 DATED: June 7, 2005

15 BILL LOCKYER, Attorney General  
16 of the State of California

17   
18 RICHARD D. HENDLIN  
19 Deputy Attorney General

20 Attorneys for Complainant

21 DOJ Matter ID: SD2004800403  
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**Exhibit A**

**Accusation No. 10-2003-142063**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 THOMAS S. LAZAR, State Bar No. 120621  
Deputy Attorney General  
3 California Department of Justice  
110 West "A" Street, Suite 1100  
4 San Diego, California 92101  
P.O. Box 85266  
5 San Diego, California 92186-5266  
Telephone: (619) 645-2117  
6 Facsimile: (619) 645-2061

7 Attorneys for Complainant

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO July 13 20 04  
BY Valerie Monahan ANALYST

8  
9  
10 BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
11 DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No.10-2003-142063

13 THERESE HUNLEY YANG, M.D.  
AKA THERESE MARIE HUNLEY  
14 AKA THERESA MARIE VINCENT  
10201 Mission Gorge Road  
15 Santee, CA 92071

ACCUSATION  
(Cal. Gov. Code, § 11503.)

16 Physician's and Surgeon's Certificate  
No. G 64469,

17  
18 Respondent.

19 Complainant David T. Thornton, as causes for disciplinary action, alleges:

20 PARTIES

21 1. Complainant is the Interim Executive Director of the Medical Board of  
22 California, Department of Consumer Affairs, State of California (hereinafter the "Board"), and  
23 makes and files this Accusation solely in his official capacity as such and not otherwise.

24 2. At all times mentioned herein, Therese Hunley Yang, M.D. (hereinafter  
25 "respondent"), has been licensed by the Board under Physician's and Surgeon's Certificate No.  
26 G 64469. Said Certificate was issued by the Board on October 24, 1988, is currently in full force  
27 and effect, and will expire on September 30, 2004, unless renewed.

28 ///

## JURISDICTION

This Accusation is brought before the Division of Medical Quality ("Division") of the Board under the authority of the following laws. All section references are to the California Business and Professions Code ("Code") unless otherwise indicated.

3. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

4. Section 2234 of the Code provides:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.



1           "(d) Incompetence.

2           "(e) The commission of any act involving dishonesty or corruption which is  
3 substantially related to the qualifications, functions, or duties of a physician and surgeon.

4           "(f) Any action or conduct which would have warranted the denial of a  
5 certificate."

6           5. Section 2238 provides:

7           "A violation of any federal statute or federal regulation or any of the  
8 statutes or regulations of this state regulating dangerous drugs or controlled  
9 substances constitutes unprofessional conduct."

10          6. Section 2241 provides:

11          "Unless otherwise provided by this section, the prescribing, selling,  
12 furnishing, giving away, or administering or offering to prescribe, sell, furnish,  
13 give away, or administer any of the drugs or compounds mentioned in Section  
14 2239 to an addict or habitue constitutes unprofessional conduct.

15          "If the drugs or compounds are administered or applied by a licensed  
16 physician and surgeon or by a registered nurse acting under his or her instruction  
17 and supervision, this section shall not apply to any of the following cases:

18               "(a) Emergency treatment of a patient whose addiction is complicated  
19 by the presence of incurable disease, serious accident or injury, or the infirmities  
20 attendant upon age.

21               "(b) Treatment of addicts or habitues in state licensed institutions where  
22 the patient is kept under restraint and control, or in city or county jails or state  
23 prisons.

24               "(c) Treatment of addicts as provided for by Section 11217.5 of the  
25 Health and Safety Code."

26          7. Section 2242 provides:

27               "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined  
28 in Section 4022 without a good faith prior examination and medical indication

1 therefor, constitutes unprofessional conduct.

2           "(b) No licensee shall be found to have committed unprofessional  
3 conduct within the meaning of this section if, at the time the drugs were  
4 prescribed, dispensed, or furnished, any of the following applies:

5           "(1) The licensee was a designated physician and surgeon or podiatrist  
6 serving in the absence of the patient's physician and surgeon or podiatrist, as the  
7 case may be, and if the drugs were prescribed, dispensed, or furnished only as  
8 necessary to maintain the patient until the return of his or her practitioner, but in  
9 any case no longer than 72 hours.

10           "(2) The licensee transmitted the order for the drugs to a registered  
11 nurse or to a licensed vocational nurse in an inpatient facility, and if both of the  
12 following conditions exist:

13           "(A) The practitioner had consulted with the registered nurse or  
14 licensed vocational nurse who had reviewed the patient's records.

15           "(B) The practitioner was designated as the practitioner to serve in the  
16 absence of the patient's physician and surgeon or podiatrist, as the case may be.

17           "(3) The licensee was a designated practitioner serving in the absence  
18 of the patient's physician and surgeon or podiatrist, as the case may be, and was in  
19 possession of or had utilized the patient's records and ordered the renewal of a  
20 medically indicated prescription for an amount not exceeding the original  
21 prescription in strength or amount or for more than one refilling.

22           "(4) The licensee was acting in accordance with Section 120582 of the  
23 Health and Safety Code."

24           8. Section 2266 of the Code provides:

25           "The failure of a physician and surgeon to maintain adequate and accurate  
26 records relating to the provision of services to their patients constitutes  
27 unprofessional conduct."

28 ///

1                   9.       Section 725 of the Code provides, in pertinent part, that repeated acts of  
2 clearly excessive prescribing or administering of drugs or treatment as determined by the  
3 standard of the community of licensees is unprofessional conduct for a physician and surgeon.

4                   10.       Section 125.3 of the Code provides, in pertinent part, that in any order  
5 issued in resolution of a disciplinary proceeding, a board may request that the administrative law  
6 judge direct a licensee found to have committed a violation or violations of the licensing act to  
7 pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case,  
8 including charges imposed by the Attorney General. Under section 125.3, subdivision (c), a  
9 certified copy of the actual costs or a good faith estimate of costs where actual costs are not  
10 available, including investigative and enforcement costs, and charges imposed by the Attorney  
11 General, up to the date of the hearing, signed by the designated representative of the entity  
12 bringing the proceeding shall be *prima facie* evidence of the reasonable costs of investigation and  
13 prosecution of the case.

14                   11.       Section 14124.12 of the Welfare and Institutions Code provides, in  
15 pertinent part, that:

16                   "(a)    Upon receipt of written notice from the Medical Board of  
17 California, the Osteopathic Medical Board of California, or the Board of Dental  
18 Examiners of California, that a licensee's license has been placed on probation as  
19 a result of a disciplinary action, the Department may not reimburse any Medi-Cal  
20 claim for the type of surgical service or invasive procedure that gave rise to the  
21 probation, including any dental surgery or invasive procedure, that was performed  
22 by the licensee on or after the effective date of probation and until the termination  
23 of all probationary terms and conditions or until the probationary period has  
24 ended, whichever occurs first. This section shall apply except in any case in  
25 which the relevant licensing board determines that compelling circumstances  
26 warrant the continued reimbursement during the probationary period of any Medi-  
27 Cal claim, including any claim for dental services, as so described. In such a case,  
28 the Department shall continue to reimburse the licensee for all procedures, except

1 for those invasive or surgical procedures for which the licensee was placed on  
2 probation."

3 **CONTROLLED SUBSTANCES AND DANGEROUS DRUGS**

4 This Accusation is also made in reference to the following controlled substances  
5 and dangerous drugs:

6 12. "OxyContin," a brand name for oxycodone hydrochloride, is a Schedule II  
7 controlled substance under Health and Safety Code section 11055(b)(1)(N) and a dangerous drug  
8 within the meaning of California Business and Professions Code section 4022.

9 13. "OxyIR," a brand name for oxycodone hydrochloride immediate release  
10 oral capsules 5 mg., is a Schedule II controlled substance under Health and Safety Code section  
11 11055(b)(1)(N) and a dangerous drug within the meaning of California Business and Professions  
12 Code section 4022.

13 14. "Oxyfast," a brand name for oxycodone hydrochloride immediate release  
14 oral concentrate solution, 20 mg/1 ml, is a Schedule II controlled substance under Health and  
15 Safety Code section 11055(b)(1)(N) and a dangerous drug within the meaning of California  
16 Business and Professions Code section 4022.

17 15. "Dexedrine," a brand name for dextroamphetamine sulfate, is a Schedule II  
18 controlled substance under Health and Safety Code section 11055(d)(1) and a dangerous drug  
19 within the meaning of California Business and Professions Code section 4022.

20 16. "Vicodin," a brand name for hydrocodone bitartrate and acetaminophen, is  
21 a Schedule III controlled substance under Health and Safety Code section 11056 and a dangerous  
22 drug within the meaning of California Business and Professions Code section 4022.

23 17. "Vicoprofen," a brand name for hydrocodone bitartrate and ibuprofen, is a  
24 Schedule III controlled substance under Health and Safety Code section 11056 and a dangerous  
25 drug within the meaning of California Business and Professions Code section 4022.

26 18. "Ultram," a brand name for tramadol hydrochloride, is a dangerous drug  
27 within the meaning of California Business and Professions Code section 4022.

28 ///

1 **FIRST CAUSE FOR DISCIPLINARY ACTION**

2 **(Gross Negligence)**

3 19. Respondent has subjected her Physician's and Surgeon's Certificate No.  
4 G 64469 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
5 subdivision (b), of the Code, in that she has committed gross negligence in her care and treatment  
6 of patients R.G., R.I., A.V., L.B., and D.B., as more particularly alleged hereinafter:

7 **Patient R.G.**

8 (a) Between on or about June 4, 1998, and May 30, 2002, R.G. was  
9 respondent's patient. Between June 18, 1998 and December 1, 1998, respondent  
10 prescribed increasing doses of OxyContin and OxyIR to patient R.G. such that, by  
11 that latter date, respondent was prescribing 800 mg of OxyContin and 50 mg of  
12 OxyIR per day to patient R.G. On or about December 1, 1998, patient R.G. was  
13 reported to be unkempt, unshaved and moaning and, even though respondent's  
14 diagnosis for patient R.G. on that same date was "abuse of pain meds," she  
15 nevertheless continued to prescribe excessive doses of OxyContin and OxyIR to  
16 him.

17 (b) On or about June 3, 1999, respondent was prescribing 640 mg of  
18 OxyContin per day and up to twenty 5 mg OxyIR twice per day to patient R.G.  
19 On or about June 28, 1999, she increased patient R.G.'s OxyIR prescription to  
20 thirty 5 mg per day.

21 (c) Respondent continued to prescribe excessive doses of OxyContin  
22 and OxyIR to patient R.G. without sufficiently determining if the medication was  
23 indicated or helpful or whether patient R.G. may be abusing or diverting the  
24 medication.

25 (d) On or about November 9, 2000, respondent diagnosed patient R.G.  
26 as suffering from "drug dependency" but nevertheless continued to prescribe  
27 excessive doses of OxyContin and OxyIR to him.

28 ///

1 (e) Respondent's medical records for patient R.G. contain no  
2 documentation of an adequate history or physical examination. On the single  
3 occasion that a detailed addiction history was taken, patient R.G. acknowledged  
4 previous intravenous drug use and, apparently, also has a positive family history  
5 of addiction. Notwithstanding patient R.G.'s repeated acknowledgment of "abuse"  
6 or "dependency," respondent continued to prescribe excessive doses of OxyContin  
7 and OxyIR to him. The doses of OxyContin and OxyIR that respondent  
8 prescribed to patient R.G. were 5 to 10 times the most common doses used in the  
9 community. Notwithstanding numerous indications that the doses of OxyContin  
10 and OxyIR were excessive and that patient R.G. was doing poorly as a result,  
11 respondent continued to prescribe excessive doses of OxyContin and OxyIR to  
12 him.

13 (f) Respondent committed gross negligence in her care and treatment  
14 of patient R.G. which included, but was not limited to, the following:

15 (1) Failing to maintain adequate and accurate medical records for  
16 patient R.G.;

17 (2) Failing to examine patient R.G. after multiple falls, or to relate his  
18 falls to his excessive use of narcotics;

19 (3) Failing to evaluate patient R.G.'s symptoms in an objective  
20 manner;

21 (4) Prescribing excessive doses of OxyContin and OxyIR to patient  
22 R.G.; and

23 (5) Continuing to prescribe controlled substances to patient R.G.  
24 notwithstanding definitive evidence that he was addicted to controlled substances.

25 **Patient R.I.**

26 (g) Between on or about June 2, 1997, and on or about May 19, 2002,  
27 R.I. was respondent's patient. Many of respondent's medical records for patient  
28 R.I. are illegible or indecipherable. During the period of time that patient R.I. was

1 under respondent's care, respondent prescribed excessive doses of oxycodone to  
2 patient R.I.

3 (h) On or about June 2, 1997, patient R.I. was taking OxyContin 10  
4 mg. 1-2 times a day which respondent later increased to 3 times a day. On or  
5 about August 19, 1997, patient R.I. is seen by respondent and complained of pain  
6 in the neck radiating to the arm and hand and "severe" pain in the leg and ankle.  
7 There was no documented precipitating event. Patient R.I. was reportedly  
8 depressed and having bad dreams because of increased pain. Respondent  
9 increased patient R.I. dosage of OxyContin 10 mg. to 3 tablets in the morning, 2  
10 in the afternoon, and 3-5 tablets at night. Respondent's documentation of her  
11 skeletal physical examination of patient R.I. on this date is illegible.

12 (i) On or about July 20, 1998, patient R.I. reportedly cut both of his  
13 wrists in a suicide attempt. Ten days later, on or about July 30, 1998, respondent  
14 increased patient R.I.'s prescription for OxyContin to 100 mg. twice a day and  
15 OxyIR to four a day. On or about August 27, 1998, respondent increased patient  
16 R.I.'s prescription to OxyContin to 160 mg. twice a day, and noted that six 5 mg.  
17 OxyIR twice a day were not helping. On or about September 3, 1998, respondent  
18 increased patient R.I. dose of OxyContin again. On or about September 24, 1998,  
19 patient R.I. reportedly was still suffering from suicidal ideation and was  
20 experiencing auditory hallucinations.

21 (j) On or about November 12, 1998, patient R.I. reportedly cut his  
22 wrists while in the patient waiting room at respondent's office and was found  
23 unresponsive on the floor with tremors and fluttering eyelids and appeared to be  
24 talking to someone in the distance. Respondent's diagnosis for patient R.I. on that  
25 date was, among other things, "seizure disorder probably due to medications -  
26 patients saw him take more OxyContin/IR." An ambulance transported patient  
27 R.I. to the emergency room. Notwithstanding this incident, respondent continued  
28

///

1 to increase patient R.I.'s dose of oxycodone which, by January 14, 1999, was up to  
2 560 mg. of OxyContin per day and 60 mg. of OxyIR per day.

3 (k) By on or about April 29, 1999, respondent was prescribing 640 mg.  
4 of OxyContin per day and 60 mg. of OxyIR per day to patient R.I., and had also  
5 prescribed OxyFast, yet another formulation of oxycodone, for patient R.I. who  
6 was reportedly in "severe pain" and "suicidal."

7 (l) On or about September 30, 1999, patient R.I. had seizures and his  
8 daily OxyContin dose was up to 800 mg., his daily dose of OxyIR remained at 60  
9 mg. On or about June 20, 2002, patient R.I. was on OxyContin 560 mg. per day  
10 and OxyFast 160 mg per day.

11 (m) On or about March 10, 2003, patient R.I.'s dose of OxyContin was  
12 1120 mg. per day and, by on or about May 19, 2003, was up to 1280 mg. per day  
13 as he was "weaning off" OxyFast.

14 (n) Respondent committed gross negligence in her care and treatment  
15 of patient R.I. which included, but was not limited to, the following:

16 (1) Failing to take and record a comprehensive history in narrative  
17 form for patient R.I.;

18 (2) Failing to maintain adequate and accurate medical records for  
19 patient R.I.;

20 (3) Prescribing oxycodone for patient R.I. without investigation or  
21 ongoing assessment of the treatment;

22 (4) Prescribing excessive doses of OxyContin and OxyIR to patient  
23 R.I.;

24 (5) Prescribing antibiotics to patient R.I. without medical justification;  
25 and

26 (6) Ordering excessive treatment and unnecessary lab tests for patient  
27 R.I.

28 ///



1                    **Patient A.V.**

2                    (o)     Between on or about December 18, 2000, and on or about May 16,  
3                    2002, A.V. was respondent's patient. As evidenced by her medical records,  
4                    patient A.V. was clearly an extremely troubled young woman with a severe  
5                    psychiatric illness.

6                    (p)     On or about December 18, 2000, on a health history form  
7                    completed by patient A.V., she presented with numerous health complaints and  
8                    listed her then current medications as Dilaudid (a strong, highly addictive opiate),  
9                    OxyContin, Ativan (a controlled sedative with substantial addictive potential),  
10                   Prozac (a psychiatric drug used for depression and anxiety), Depakote (used to  
11                   treat seizures and psychiatric illness), Lotrel (high blood pressure medication),  
12                   doxycycline (an antibiotic), and Rocephin (an injection used for serious  
13                   infections). On this form patient A.V. also stated that "I am slowly attempting to  
14                   decrease amount of pain medication I take."

15                   (q)     Many of respondent's medical records for patient A.V. are illegible  
16                   or indecipherable. During the period of time that patient A.V. was under  
17                   respondent's care, respondent conducted numerous superficial evaluations with  
18                   inadequate histories and physical examinations.

19                   (r)     Respondent committed gross negligence in her care and treatment  
20                   of patient A.V. which included, but was not limited to, the following:

21                   (1)     Failing to take and record a comprehensive history in narrative  
22                   form for patient A.V.;

23                   (2)     Failing to perform, and document the findings from, a  
24                   comprehensive physical examination of patient A.V.;

25                   (3)     Failing to maintain adequate and accurate medical records for  
26                   patient A.V.;

27                   (4)     Prescribing excessive doses of controlled substances to patient  
28                   A.V. without an examination;

1           (5)     Prescribing an excessive amount of Lorazepam (210) in one  
2     prescription to patient A.V.;

3           (6)     Excessive treatment and prescribing of antibiotics, in erratic  
4     patterns, for illnesses that patient A.V. did not have;

5           (7)     Prescribing Cholestyramine to patient A.V. for Lyme arthritis;

6           (8)     Prescribing Enbrel, which is indicated only for severe rheumatoid  
7     arthritis, which patient A.V. did not have by history, examination, or laboratory  
8     tests; and

9           (9)     Prescribing Lariam, which is for prophylaxis and treatment of  
10    malaria, in the absence of any documented history of travel to endemic malaria  
11    areas, to patient A.V. who had a history of bipolar illness.

12    **Patient L.B.**

13           (s)     Between on or about November 16, 1997, and on or about July 17,  
14    2003, L.B. was respondent's patient. Many of respondent's medical records for  
15    patient L.B. are grossly inadequate, illegible, and disorganized.

16           (t)     On or about August 23, 1996, another physician noted that patient  
17    L.B. had a history of "heroin abuse in the past" which included opiate use.  
18    Respondent first saw patient L.B. on or about November 24, 1997, and, on that  
19    date, it was noted that patient L.B. "has history intravenous drug abuse – patient  
20    very adamant on keeping drug use well monitored."

21           (u)     On or about August 13, 1998, a nurse practitioner added a  
22    diagnosis of narcotic abuse which respondent countersigned.

23           (v)     On or about September 21, 1998, patient L.B.'s chief complaint  
24    was "[w]ants drug reduction: Addicted to pills - panic, sweats, chills - need to  
25    have pills." Respondent's assessment of patient L.B. on that date was, among  
26    other things, "Drug WD [withdrawal]" and her plan was, among other things, to  
27    "Leave here for weaning" and to change patient L.B.'s wife's prescription to  
28    OxyContin so that patient L.B. did not have access.

1 (w) On or about March 25, 1999, patient L.B.'s wife left a telephone  
2 message for respondent that patient L.B. was taking double his daily dose of  
3 Dexedrine. Respondent initialed the telephone message.

4 (x) On or about July 16, 1999, respondent noted, among other things,  
5 that patient L.B. may need supervised detox.

6 (y) On or about March 16, 2000, respondent's assessment of patient  
7 L.B. included narcotics dependency.

8 (z) Notwithstanding the fact that patient L.B. was an addict, between  
9 on or about November 16, 1997, and on or about July 17, 2003, respondent  
10 prescribed controlled substances and dangerous drugs to him which included, but  
11 was not limited to, the following: Vicodin, Ultram, Vicoprofen, OxyIR, and  
12 OxyContin.

13 (aa) Respondent committed gross negligence in her care and treatment  
14 of patient L.B. which included, but was not limited to, the following:

15 (1) Failing to take and record a comprehensive history in narrative  
16 form for patient L.B.; and

17 (2) Failing to maintain adequate and accurate medical records for  
18 patient L.B.

19 **Patient D.B.**

20 (bb) Between on or about May 1, 1998, and on or about May 22, 2003,  
21 D.B. was respondent's patient. Many of respondent's medical records for patient  
22 D.B. are grossly inadequate, illegible, and disorganized.

23 (cc) Respondent committed gross negligence in her care and treatment  
24 of patient D.B. which included, but was not limited to, the following:

25 (1) Failing to take and record a comprehensive history in narrative  
26 form for patient D.B.; and

27 (2) Failing to maintain adequate and accurate medical records for  
28 patient D.B.

1                                    **SECOND CAUSE FOR DISCIPLINARY ACTION**

2                                    **(Repeated Negligent Acts)**

3                    20.      Respondent has further subjected her Physician's and Surgeon's Certificate  
4      No. G 64469 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
5      subdivision (c), of the Code, in that she has committed repeated negligent acts in her care and  
6      treatment of patients R.G., R.I., A.V., L.B., and D.B., as more particularly alleged hereinafter:

7                    (a)      Paragraph 19, above, is hereby incorporated by reference as if fully  
8      set forth herein.

9                    (b)      Respondent committed repeated negligent acts in her care and  
10      treatment of patients R.G., R.I., A.V., L.B. and D.B., which included, but was not  
11      limited to, the following:

12                    **Patient R.G.**

13                    (1)      Paragraphs 19(f)(1), 19(f)(2), 19(f)(3), 19(f)(4), and 19(f)(5),  
14      above, are hereby incorporated by reference as if fully set forth herein; and

15                    (2)      Prescribing antibiotics for patient R.G. for sinusitis without an  
16      adequate history or examination.

17                    **Patient R.I.**

18                    (3)      Paragraphs 19(n)(1), 19(n)(2), 19(n)(3), 19(n)(4), 19(n)(5) and  
19      19(n)(6), above, are hereby incorporated by reference as if fully set forth herein;

20                    (4)      Respondent prescribed controlled substances to patient R.I. without  
21      a valid medical indication therefor; and

22                    (5)      Respondent prescribed testosterone for patient R.I. who had normal  
23      levels and no listed symptoms to justify the treatment.

24                    **Patient A.V.**

25                    (6)      Paragraphs 19(r)(1), 19(r)(2), 19(r)(3), 19(r)(4), 19(r)(5), 19(r)(6),  
26      19(r)(7), 19(r)(8) and 19(r)(9), above, are hereby incorporated by reference as if  
27      fully set forth herein;

28      ///

(7) Respondent failed to address patient A.V.'s psychiatric illness in a coherent manner and failed to take into account that the medications she was prescribing for patient A.V. may have been exacerbating patient A.V.'s psychiatric symptoms;

(8) Respondent ignored the high risks of addiction and/or medical diversion when prescribing controlled substances to patient A.V.;

(9) Respondent failed to conduct a sufficient investigation or rigorous diagnostic evaluation of patient A.V.;

(10) Respondent prescribed controlled substances to patient A.V. without a valid medical indication therefor; and

(11) Respondent prescribed excessive doses of controlled substances to patient A.V.

**Patient L.B.**

(12) Paragraphs 19(aa)(1) and 19(aa)(2), above, are hereby incorporated by reference as if fully set forth herein.

**Patient D.B.**

(13) Paragraphs 19(cc)(1) and 19(cc)(2), above, are hereby incorporated by reference as if fully set forth herein.

**THIRD CAUSE FOR DISCIPLINARY ACTION**

**(Incompetence)**

21. Respondent has further subjected her Physician's and Surgeon's Certificate No. G 64469 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (d), of the Code, in that she has demonstrated incompetence in her care and treatment of patients R.G., R.I., A.V., L.B., and D.B., as more particularly alleged hereinafter:

(a) Paragraphs 19 and 20, above, are incorporated by reference as if fully set forth herein.

(b) Respondent's care and treatment of patients R.G., R.I., A.V., L.B., and D.B. demonstrates:

- 1 (1) A lack of knowledge or ability about the diagnosis and  
2 management of addictive disorders;
- 3 (2) A lack of knowledge or ability on how to make an informed  
4 diagnosis and proper treatment for a chronic pain condition;
- 5 (3) A lack of knowledge or ability regarding the interplay between  
6 controlled substances and psychiatric illness; and
- 7 (4) A lack of knowledge or ability to recognize the signs and  
8 symptoms of the abuse of controlled substances.

9 **FOURTH CAUSE FOR DISCIPLINARY ACTION**

10 **(Repeated Acts of Clearly Excessive Prescribing)**

11 22. Respondent has further subjected her Physician's and Surgeon's Certificate  
12 No. G 64469 to disciplinary action under sections 2227 and 2234, as defined by section 725 of  
13 the Code, in that she has engaged in repeated acts of clearly excessive prescribing or  
14 administering of drugs or treatment as determined by the standard of the community of licensees  
15 is unprofessional conduct for a physician and surgeon in her care and treatment of patients R.G.,  
16 R.I., A.V., L.B. and D.B., as more particularly alleged hereinafter: Paragraphs 19 and 20, above,  
17 are hereby incorporated by reference as if fully set forth herein.

18 **FIFTH CAUSE FOR DISCIPLINARY ACTION**

19 **(Prescribing to or Treating an Addict or Habitue)**

20 23. Respondent has further subjected her Physician's and Surgeon's Certificate  
21 No. G 64469 to disciplinary action under sections 2227 and 2234, as defined by section 2241 of  
22 the Code, in that she is guilty of prescribing, selling, furnishing, giving away, or administering or  
23 offering to prescribe, sell, furnish, give away, or administer any of the drugs or compounds  
24 mentioned in Section 2239 to an addict or habitue, as more particularly alleged hereinafter:

- 25 (a) Paragraphs 19 and 20, above, are hereby incorporated by reference  
26 as if fully set forth herein.

27 ///

28 ///

1 (b) Notwithstanding the fact that they were addicts or habitues,  
2 respondent prescribed controlled substances and dangerous drugs to patients R.G.  
3 and L.B.

4 **SIXTH CAUSE FOR DISCIPLINARY ACTION**

5 **(Violation of Drug Statutes)**

6 24. Respondent has further subjected her Physician's and Surgeon's Certificate  
7 No. G 64469 to disciplinary action under sections 2227 and 2234, as defined by section 2238 of  
8 the Code, in that she has violated drug statutes in her care and treatment of patients R.G., R.I.,  
9 A.V., L.B., and D.B., as more particularly alleged hereinafter: Paragraphs 19, 20, 22, and 23,  
10 above, are hereby incorporated by reference as if fully set forth herein.

11 **SEVENTH CAUSE FOR DISCIPLINARY ACTION**

12 **(Prescribing Without a Good Faith Prior Examination**

13 **and Medical Indication Therefor)**

14 25. Respondent has further subjected her Physician's and Surgeon's Certificate  
15 No. G 64469 to disciplinary action under sections 2227 and 2234, as defined by section 2241 of  
16 the Code, in that she is guilty of prescribing, dispensing, or furnishing dangerous drugs as  
17 defined in Section 4022 without a good faith prior examination and medical indication therefor,  
18 in her care and treatment of patients R.I., A.V., L.B., and D.B., as more particularly alleged  
19 hereinafter: Paragraphs 19 and 20, above, are hereby incorporated by reference as if fully set  
20 forth herein.

21 **EIGHTH CAUSE FOR DISCIPLINARY ACTION**

22 **(Failure to Maintain Adequate and Accurate Records)**

23 26. Respondent has further subjected her Physician's and Surgeon's Certificate  
24 No. G 64469 to disciplinary action under sections 2227 and 2234, as defined by section 2266 of  
25 the Code, in that she failed to maintain adequate and accurate records relating to the provision of  
26 services for patients R.G., R.I., A.V., L.B., and D.B., as more particularly alleged hereinafter:  
27 Paragraphs 19 and 20, above, are hereby incorporated by reference as if fully set forth herein.

28 ///

1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters  
3 alleged herein and, following the hearing, that the Division of Medical Quality of the Medical  
4 Board of California issue its Decision and Order:

5 1. Revoking or suspending Physician's and Surgeon's Certificate No.  
6 G 64469 heretofore issued by the Board to Therese Hunley Yang, M.D.;

7 2. Revoking, suspending or denying approval for Therese Hunley  
8 Yang, M.D., to supervise physician's assistants pursuant to section 3527 of the  
9 Code;

10 3. Ordering Therese Hunley Yang, M.D., to pay the Board the  
11 reasonable costs of the investigation and enforcement of this case, and, if placed  
12 on probation, the costs of probation monitoring;

13 4. Taking such other and further action as the Division deems  
14 necessary and proper.

15 DATED: July 13, 2004

16   
17 DAVID T. THORNTON  
18 Interim Executive Director  
19 Medical Board of California  
20 Department of Consumer Affairs  
21 State of California

22 Complainant

23 TSL/

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